

Application No. 09/25964
 Attorney or Applicant Name: Ya-Chiao Chang
 Telephone Number 886-2-27126171

| | |
|-------------------------------------|------------------------------|
| <input checked="" type="checkbox"/> | Date of 1 st Call |
| <input type="checkbox"/> | Left Message |
| <input type="checkbox"/> | No answer, callback |
| <input type="checkbox"/> | Date of 2 nd Call |

- *****
- ☐ Express Abandonment. Forward to 0220 immediately.
 - ☐ Retention. Forward to 0220 immediately.
 - ☐ Applicant does not have an attorney.
 - ☐ Applicant has an attorney.
 - ☐ If there is no attorney – Call Applicant.
 - ☐ Telephone service is disconnected. A new number was not available.
 - ☐ Telephone number has changed.
 - ☐ New telephone number is _____
 - ☐ Called the new telephone number.
 - ☐ Attorney no longer represents the applicant.
 - ☐ New Attorney has been assigned to this application.
 - ☐ Contacted New Attorney:
 - ☐ New Attorney: Name: _____
 Telephone: _____

Abandon this Application (A copy of the RAM fee sheet must be enclosed)

- ☒ Sent for Abandonment 11-2502
- ☐ Application should be abandoned as instructed by Attorney or Applicant
- ☐ _____
 Name of person who requested PTO to abandon the application

Do Not Abandon this Application (A copy of the RAM fee sheet must be enclosed)

- ☐ Petition to revive. Forward to 0220 immediately.
- ☐ Attorney did not receive Missing Parts Notice. Attorney will fax copy of docketing information.
- ☐ Response received on _____ (See PTO mail stamp.) Response is in the application.
- ☐ Application is being forwarded to JCWS formalities review for processing.
- ☐ Check RAM. RAM inquiry indicates a response was received. Requested applicant/attorney to fax response to me. Response enclosed.
- ☐ ~~Awaiting call from Attorney~~
- ☒ Review of this application was completed by [Signature]. Print your name

This Form is for INTERNAL PTO USE ONLY
It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09765966

Total Fee Calculation

| | Fee Code | Total # Claims | Number Extra | X | Fee | Fee | = | To |
|-------------------------|----------------|-------------------|-----------------|----------|-----|-------------------|---|-------------------|
| | <u>Sm./Lg.</u> | | | | | <u>Sm. Entity</u> | | <u>Lg. Entity</u> |
| Basic Filing Fee | <u>201/101</u> | | | | | | | <u>710</u> |
| Total Claims >20 | <u>203/103</u> | <u>10</u> | -20 = | <u>0</u> | X | | | |
| Independent Claims >3 | <u>202/102</u> | <u>5</u> | -3 = | <u>2</u> | X | | | <u>80</u> |
| Mult. Dep Claim Present | <u>204/104</u> | | | | | | | <u>130</u> |
| Surcharge | <u>205/105</u> | | | | | | | |
| English Translation | <u>139</u> | | | | | | | |

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TOTAL FEE CALCULATION

Fees due upon filing the application:

Total Filing Fees Due = \$ 1.000

Less Filing Fees Submitted - \$ 0

BALANCE DUE = \$ 1.000

Office of Initial Patent Examination